



HEERA REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.:

Dated Filed:

INSTRUCTIONS: A request for recognition or intervention is to be filed with the appropriate Higher Education employer. A petition for certification must be filed with the appropriate PERB regional office. Proper filing includes concurrent service and proof of service of the HEERA Representation Petition as required by PERB regulations 51030, 51040 and 51100. Attach additional sheets if more space is required.

1. <u>EMPLOYER</u> (Name, address and telephone number)	Employer's agent to be contacted:
_____	_____
_____	Title: _____
_____	Address and telephone, if different:
_____	_____
() Ext. _____	() Ext. _____

2. <u>TYPE OF PETITION</u> (Check all that apply)	<u>DATE FILED</u>
<input type="checkbox"/> REQUEST FOR RECOGNITION (RR)	_____
<input type="checkbox"/> PETITION FOR CERTIFICATION (PC)	_____
<input type="checkbox"/> INTERVENTION	_____
<input type="checkbox"/> SEVERANCE (Filed as PC)	_____
<input type="checkbox"/> SEVERANCE (Filed as RR)	_____

3. PROOF OF SUPPORT

Filed with: ☐ PERB ☐ Third Party*

Majority support: ☐ 30% support ☐ 10% support

*Attach name, address & telephone number of third party, if applicable.

4. DESCRIPTION OF PROPOSED UNIT (Including class code and geographic location if other than a statewide unit is proposed)

5. NUMBER OF EMPLOYEES IN PROPOSED UNIT:

6. IF A CURRENT MEMORANDUM OF UNDERSTANDING (MOU) EXISTS COVERING ANY EMPLOYEES PETITIONED FOR, INDICATE:

MOU EFFECTIVE DATE: _____

MOU EXPIRATION DATE: _____

☐ NO AGREEMENT IS IN EFFECT

Shall INCLUDE:

Shall EXCLUDE:

7. ORGANIZATION(S) RECOGNIZED OR CERTIFIED AS THE EXCLUSIVE REPRESENTATIVE OF OR KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY OF THE EMPLOYEES COVERED BY THIS PETITION:

Name of Organization

Address

Date of Recognition/ Certification (if any)

8. <u>PETITIONER</u> (Name, address and telephone number)	Petitioner's agent to be contacted:
_____	_____
_____	Title: _____
_____	Address and telephone, if different:
_____	_____
() Ext. _____	() Ext. _____

DECLARATION

I declare that the statements herein are true to the best of my knowledge and belief.

PETITIONER'S AUTHORIZED REPRESENTATIVE: _____
(Signature)

Title: _____ Date: _____

Los Angeles Regional Office
3530 Wilshire Blvd., Suite 650
Los Angeles, CA 90010-2334
(213) 736-3127

San Francisco Regional Office
177 Post Street, Suite 900
San Francisco, CA 94108-4737
(415) 439-6940

NOTICE OF REQUEST FOR RECOGNITION

PERB CASE NUMBER: _____

DATE NOTICE WAS POSTED: _____

ON _____, THE _____
(Date) (Employer)

RECEIVED FROM _____
(Employee Organization)

A REQUEST TO BE RECOGNIZED AS THE EXCLUSIVE REPRESENTATIVE OF EMPLOYEES
IN THE UNIT DESCRIBED ON THE REVERSE OF THIS NOTICE.

THE REQUEST IS BASED ON THE CLAIM THAT A MAJORITY OF THE EMPLOYEES IN THE
PROPOSED UNIT WISH TO BE REPRESENTED BY THE ABOVE NAMED EMPLOYEE
ORGANIZATION.

NOTICE IS HEREBY GIVEN THAT ANY OTHER EMPLOYEE ORGANIZATION DESIRING TO
REPRESENT ANY OF THE EMPLOYEES IN THE UNIT DESCRIBED IN THIS REQUEST FOR
RECOGNITION HAS THE RIGHT, WITHIN 15 WORKDAYS FOLLOWING THE DATE OF
POSTING OF THIS NOTICE, TO FILE WITH THE EMPLOYER AN INTERVENTION SUPPORTED
BY AT LEAST 30% OR AT LEAST 10% OF THE EMPLOYEES IN THE UNIT REQUESTED OR
OF THE EMPLOYEES IN A UNIT CLAIMED TO BE APPROPRIATE.

THE LAST DATE FOR FILING AN INTERVENTION IS: _____.

SEE THE REVERSE OF THIS NOTICE FOR THE NAMES, ADDRESSES AND TELEPHONE
NUMBERS OF THE EMPLOYER, THE INCUMBENT EXCLUSIVE REPRESENTATIVE (IF ANY),
AND THE PETITIONER.

THIS NOTICE MUST REMAIN POSTED UNTIL: _____.

BY: _____
(SIGNATURE OF EMPLOYER'S AUTHORIZED AGENT)

PERB Regulation 51035 requires that this Notice be conspicuously posted on all employee bulletin boards in each facility of the employer in which members of the proposed unit are employed. The Notice should be posted as soon as possible but in no event later than 10 days following receipt of the petition. The Notice must remain posted for at least 15 workdays.